

**KENTUCKY TEACHERS' RETIREMENT SYSTEM
REPORT FOR CURRENT YEAR EARNINGS & CONTRIBUTIONS
QUALIFIED DOMESTIC
RELATIONS ORDER (QDRO)**

Employee Name (Last, First, MI)

Alternate Payee Name (Last, First, MI)

Employee Social Security Number

Alternate Payee Social Security Number

Employment Category

Date of Decree

____ 20____
Date

Prepared by:

Telephone Number

EMPLOYER: Complete the earnings, service and contributions paid to the employee during the fiscal year from July 1 through the day before the date of decree. Fiscal Year Days, Earnings & Contributions must be reported for the employee.

Employer Name

Employer Number

QDRO Year

Days Worked Fiscal Year (7/1/____)

Fiscal Year Earnings (7/1-6/30/____)

The following sections pertain to the employee share of KTRS contributions. **Employee Required Contributions.**

Employee Paid

Additional Contributions

Total

____ 20____
Date

Prepared by:

Telephone Number

Kentucky Teachers' Retirement System/ 479 Versailles Road / Frankfort, KY 40601/ Toll Free 800-618-1687
Telephone: 502/848-8500